

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/664 534	FILING DATE A
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						61	
2						62	
3						63	
4						64	
5						65	
6						66	
7						67	
8						68	
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32						92	
33						93	
34						94	
35						95	
36						96	
37						97	
38						98	
39						99	
40						100	
41							
42							
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46							
47							
48							
49							
50							
TOTAL IND.						TOTAL IND.	
TOTAL DEP.						TOTAL DEP.	
TOTAL CLAIMS						TOTAL CLAIMS	